

PATENT NUMBER

<p>ST O.I.P.E.</p> <p>SCANNED <u>TR2</u> Q.A. <u>TR</u></p>	<p>PATENT DATE</p>
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/992937		379	452	2642	Chiang

APPLICANTS

Marcus Lashley

TITLE

Telephone sanitary cover

PTO-2040  
12/99

<b>ISSUING CLASSIFICATION</b>									
<b>ORIGINAL</b>		<b>CROSS REFERENCE(S)</b>							
<b>CLASS</b>	<b>SUBCLASS</b>	<b>CLASS</b>	<b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b>						
<b>INTERNATIONAL CLASSIFICATION</b>									

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<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>		<b>CLAIMS ALLOWED</b>		
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____  _____  _____	_____ (Assistant Examiner) (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>		
	_____ (Primary Examiner) (Date)		<b>ISSUE FEE</b>  <table border="1"> <tr> <td>Amount Due</td> <td>Date Paid</td> </tr> </table>		Amount Due
Amount Due	Date Paid				
<input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		<b>ISSUE BATCH NUMBER</b>		

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